New England Deaconess Hospital

pulse

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Full range of diagnostic and therapeutic options available at NEDH for women with breast cancer

Two lines added to the Massachusetts Patients' Rights Law of 1979 just before its passage have helped change the way women seek treatment for breast cancer, and the way physicians provide that care. The brief section specifies that breast cancer patients have the right to "complete information on all alternative treatments which are medically viable." Certainly, treatment options exist for other diseases as well, but the fact that breast cancer was singled out for inclusion in a state law is a direct result of the physical and emotional trauma associated with this particular cancer.

In this, the first installment of a two-part series on breast cancer, the PULSE will describe what a woman can expect when she comes to the Deaconess seeking treatment for suspected breast cancer — from initial diagnosis through various treatment options to possible breast reconstruction. The following article will contain information on the diagnostic techniques used in the detection of breast cancer, and explain how the multidisciplinary approach to this disease has evolved over the past few years.

The NEDH Breast Consultation Service enables a woman to receive evaluations and information on breast cancer from a full medical team, all in one visit. During the above session, Drs. Arnold W. Malcolm (l-r), an NEDH radiotherapist, Jacob J. Lokich, chief of the NEDH Medical Oncology Section, and John A. Schuler, an NEDH surgeon, discuss a case.

Sifting through and selecting a treatment plan from the options available can be a very complex process for both patient and physician given the fact that every breast cancer is unique, and that each woman possesses characteristics which might help her to better respond to one mode of treatment over another.

In order to assist the NEDH physicians in fulfilling the breast cancer provision of this relatively new state law, the Deaconess has initiated a breast cancer consultation service where a woman can receive evaluations from a radiotherapist, surgeon and medical oncologist all in one visit (see story, page 1).

But legal requirements aside, the multidisciplinary approach is a natural outgrowth of what has been discovered in recent years about breast cancer.

"In the past, the orthodox approach to breast cancer was radical surgery followed by radiotherapy or chemotherapy if recurrence developed," explained Dr. William V. McDermott, Jr., NEDH department of surgery chairman. "Now that we know breast cancer can be a systemic, or generalized, disease no matter how early the malignant tumor is discovered, a multidisciplinary approach assumes more importance. As a result, we are exploring more variations in therapy," he said.

Over 200 new patients come to the Deaconess each year to seek advice and treatment from specialists in all areas of breast cancer management. The Deaconess provides the entire spectrum of breast cancer treatment, from initial diagnosis, through surgical and radiotherapeutic options, to chemotherapy and breast reconstruction.

Ninety percent of breast cancers are discovered by women themselves using the breast cancer self-examination technique (outlined on page 2) to search for any suspicious lump or abnormality in

(continued on page 2)

Breast consultation service provides multidisciplinary approach to treatment

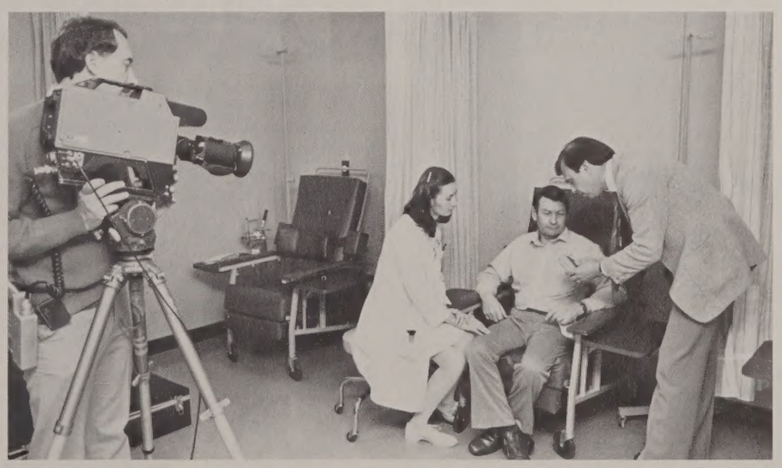
In a departure from the traditional system of referring a patient from specialist to specialist, the NEDH Breast Consultation Service (BCS) enables a woman with confirmed or suspected breast cancer to receive evaluations and information from a full medical team — radiotherapist, surgeon and medical oncologist — all in one visit. Through the service, a woman also has access to other hospital resources, including: pathologists; gynecologists; and oncology nurses and social workers.

"The breast consultation service is designed to save a woman time and money by providing her with easy access to specialists in all phases of breast cancer treatment," explained Dr. Jacob J. Lokich, chief of the NEDH Medical Oncology Section and BCS coordinator. "The BCS has five specific goals: optimal care through a multidisciplinary approach to treatment; early screening for women with high risk of developing the disease; a second medical opinion for women seeking confirmation; counsel at decision points along a patient's course of therapy; breast reconstruction services," said Dr. Lokich.

A woman can refer herself to the BCS by calling the Deaconess Oncology Services Department (732-8438); or, her personal physician can arrange for the consultation. During a visit to the clinic, which is held one afternoon a week, members of the NEDH medical team review all diagnostic reports, x-rays and family/personal medical histories with the patient before adjourning to discuss the case among themselves. After a consensus is reached, they rejoin the patient to offer their opinion, describe other treatment options and answer questions. All evaluations and recommendations for treatment are referred back to the woman's personal physician.

The service is not meant to replace the care provided by a patient's personal physician, but to supplement that care by offering a woman a resource center for obtaining more information on the disease, and the treatment options available to her. The July issue of PULSE will take a closer look at the physicians and patients who utilize the breast consultation service.

"Evening Magazine" comes to NEDH



The Deaconess was featured in two of Dr. Jim Wasco's Health Tips *segments on WBZ-TV's "Evening Magazine" program earlier this month. On May 11, Dr. Jacob J. Lokich, chief of the NEDH Oncology Section, Oncology Nurse Nellee Fine and Oncology Nurse Specialist Joanne Perri, along with Robert Sewall of Newmarket, New Hampshire, a Deaconess patient, were seen in a segment on the hospital's use of an ambulatory infusion pump in cancer chemotherapy (see March 1981 PULSE). In the above photo, Ms. Fine and Mr. Sewall explain to Dr. Wasco how the infusion pump functions. In another segment on May 18, Dr. Edward J. Kosinski, acting chief of the NEDH Cardiology Section, Supervisor Stewart F. Faulkner and other staff members of the ECG department were featured in a story on the hospital's new computerized electrocardiogram system (see February 1981 PULSE).*

Breast cancer *(continued from page 1)*

their breasts. The figure is sobering. One out of eleven women in the United States will develop breast cancer in her lifetime, yet four out of five will be alive and well five years after treatment if the disease is discovered early and is treated properly. Although eight out of ten lumps prove to be benign, it is imperative that women see a physician immediately upon discovering a lump.

Currently, women in the United States have been accustomed to looking upon the obstetrician and/or gynecologist as their primary care physicians. Often, he or she will be the first doctor consulted in the evaluation of a newly found lump in the breast.

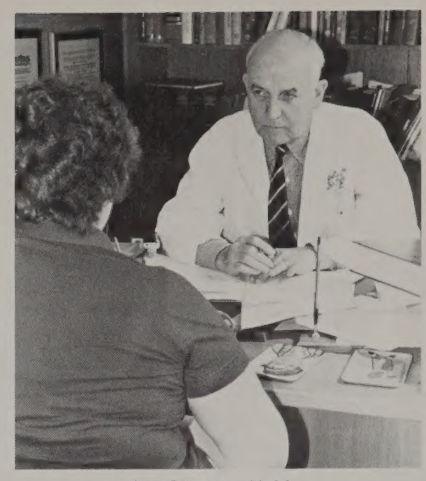
Dr. Clement Yahia, an NEDH gynecologist and surgeon, emphasizes to his patients the need for monthly breast self-examination. Women considered at high risk of developing breast cancer include those who: have a mother or sister with breast cancer; are over age 40; have fibrocystic disease of the breast, a disorder which causes breast tissue to be lumpy; have had an early menarche or a late menopause.

"If there is a definite lump in the breast, I aspirate it with a needle to see if it's simply a cyst filled with fluid," said Dr. Yahia. "If the lump is solid, then other diagnostic tests can be performed, such as a mammogram, which is an x-ray of the breast. If the mammogram is positive, or suspicious symptoms continue (a small percentage of mammograms may give "false negative" results), then a surgical biopsy is performed to identify the mass," explained Dr. Yahia. Some biopsies, such as a needle aspiration biopsy, can be performed as an office procedure. Other diagnostic and excision biopsies usually are done at the Deaconess on an ambulatory basis, using either local or general anesthesia. The specimen is analyzed by an NEDH pathologist and the test results are returned either immediately or within 48 hours, depending on whether or not the patient has agreed to an immediate, extensive operation if the tumor is malignant, or if the woman has decided to postpone the decision until she examines other therapeutic options.

This "two-step" diagnostic procedure – first the biopsy then, at a latter stage, definitive therapy – is a recent departure from the once commonly held belief that when a cancerous tumor was discovered it was essential to do a radical mastectomy by immediately removing the breast, axillary lymph nodes and chest muscles, or else the cancer would metastasize (spread) throughout the body.

"Now we know that breast tumors generally grow silently. When they are first palpable – at about one centimeter (roughly one billion cells) – they may have been growing in the breast for an estimated two years," said Dr. Yahia. "This fact alleviates the urgency of the situation. The two-step procedure gives a pathologist more time to make an accurate diagnosis, and closer study might elicit details about the size and type of the tumor, which would aid in eventual treatment. Physicians also have the opportunity to perform additional tests to check for possible metastases, or expansions of the tumor beyond the breast. If these tests did show that the malignancy had spread, then the two-step procedure could prevent a woman from undergoing unnecessary radical surgery," concluded Dr. Yahia.

One of the best indicators of whether or not cancer has spread is by taking a sampling of the axillary lymph nodes located in the armpit. Lymph nodes are small, oval-shaped glands which act as way stations for the lymph capillaries that drain the tissue sections of the breast. They function as filters for escaping tumor cells. If the nodes prove to be "negative" (no evidence of tumor involvement) then the woman's prognosis is considered to be better since this sampling indicates that the cancer has not spread. If several lymph nodes contain tumor, that finding could lead to adjuvant chemotherapy (use of anti-cancer drugs immediately after surgery) or hormonal manipulation. During a surgical biopsy, if the tumor is malignant, an estrogen-receptor assay is done to see if the tumor is estrogen dependent. If it is, then the woman would be more likely to benefit from nontoxic hormonal drug therapy.



Dr. Clement Yahia

The other crucial factor in determining the future course of treatment is the "staging" of the tumor. The stage of the tumor is determined by its size, location, extent of lymph node involvement and whether or not the tumor has spread to distant organs.

With the biopsy and estrogen-receptor assay completed, and the staging of the tumor determined, a woman and her physician are prepared to consider her treatment options. The July issue of PULSE will examine these options, which include surgery, radiotherapy and chemotherapy, and how these disciplines interact and sometimes overlap in treating women with breast cancer.

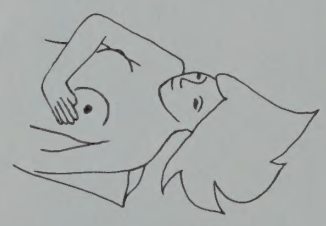
Breast self-examination: the key to early detection of cancer

Breast self-examination (BSE) should be done at the same time every month a week after the completion of a menstrual cycle (changes in breast tissue are normal pre-menstrual occurences). In order to do an effective BSE, a woman must be familiar with the normal condition of her breast shape, appearance and texture. The most opportune time to begin a regular BSE schedule is before a visit to your doctor, who can discuss BSE techniques with you and help you to recognize what is normal for you.

During subsequent self-examinations, you will be looking for the following irregularities: any differences in the shape of your breasts from last month, such as swelling or dimpling of the skin covering the breast; any lump or thickening under the skin; any unusual discharge from the nipple.

Many doctors suggest doing part of the BSE in the shower, since it's easier to feel for lumps underneath wet, soapy skin. Three basic steps should be completed during a BSE:

1. Raising one hand in the air, use two or three fingers of the other hand to explore the opposite breast in a clock-wise motion, feeling for any unusual lump or mass under the skin with the flat part of your fingers. Follow the same procedure on the other breast.
2. Standing before a mirror with your arms relaxed at your sides, check your breasts for any changes in size and shape. Raise your arms above your head and repeat the visual examination.
3. Lying down, place a pillow under your left shoulder and your left hand under your head. Repeat the exam described under #1 with gentle, but firm, circular motions. With your left arm at your side, explore the entire breast region, including the armpit and nipple areas. Follow the same procedure on your right breast.



Women often neglect to do BSE because of their fear of breast cancer. If you find a lump or thickening, make an appointment to see a doctor immediately. Don't panic if you discover a lump in your breast since most lumps or changes are **not** cancerous. But only a doctor can make a definite diagnosis.

Deaconess News in Brief

Dr. James L. Tullis, department of medicine chairman, has been given the first annual Alpha Therapeutic Award in recognition of his research and leadership in the field of blood components. Dr. Tullis accepted the award from the Alpha Therapeutic Corporation at a recent American Blood Resources Association Plasma Forum in Washington, D.C.

Phyllis Gaydos, R.N., chairman of the third-year program for the Deaconess School of Nursing, participated in a State House signing ceremony with Governor Edward J. King, who proclaimed the week of April 19 as Critical Care Nurse Week in Massachusetts. Ms. Gaydos is president of the Boston chapter of the American Association of Critical Care Nurses.

Dietary Project Coordinator **Joni Youngwirth,** R.D., M.S., appeared in March on the WQTV (Channel 68) program, "Boston Live," to promote Nutrition Month, an annual event sponsored by the Massachusetts Dietetic Association. She was assisted by **Cindy Gray,** dietetic intern, and **Kathy Dascoulias,** diet technician. Cindy and Kathy performed a pantomime which emphasized the relationship between nutrition and exercise.

Renal Nurse **Patricia M. Conway** published an article on diabetic renal transplant patients in the February issue of the American Association of Nephrology Nurses and Technicians Journal.

Medical technologist **Dolores Fici,** (ASCP), specialist in blood banking, lectured on tissue typing at the Rhode Island Society for Medical Technologists annual meeting.

Annual service award dinner held on April 29

Reminiscing about old times at the Deaconess are: (l-r) Tom Lebeau, retiree from surgical services; Eugene Nadeau; Mary Nadeau, former operating room nursing assistant; and Glen Davidsonn, surgical services.

Employees who received awards of merit at the dinner in recognition of their many years of service were: (front row, l-r) Dennis Collins, dietary (30 years); Samuel Marotta, barber shop (35 years); Muriel Bayne, shock therapy (35 years); Shirley Baldwin, nursing service (25 years); Lois Preston, nursing service (40 years); Rosanna (Rusty) Chute, Cancer Research Institute (30 years); Rita Brennan, dietary (30 years); Charles Spalding, maintenance and engineering (35 years); Howard Brackett, building services (25 years). The recipients were congratulated by (back row, l-r): President Laurens MacLure, Board of Trustees Chairman Marvin G. Schorr and Director Richard E. Lee.

The 26th Annual Deaconess Service Award Dinner drew nearly 400 employees and their guests to the Sheraton Boston Hotel on April 29 for a social evening the Deaconess sets aside each year in order to thank employees for their service to the hospital and its patients.

Following the invocation by Chaplain Guy Steele and greetings from Marvin G. Schorr, chairman of the board of trustees, President Laurens MacLure discussed the challenges which lie ahead for the Deaconess in the 1980's.

Director Richard E. Lee then presented service awards of merit to those employees who have given 25 or more years of service. The certificates are awarded by the General Board of Health and Welfare Ministries of the United Methodist Church. The evening concluded with dancing and music provided by Rudy Delcore's Orchestra.

Enjoying before dinner refreshments were (l-r) Marina Fidanos, Stavroula Spiliakos, Helen Tripolictis, laundry; Despina Fidanos, building services; and Angela Spiliakos, laundry.

Shirley Baldwin, head nurse on Farr 8A, and Spiros Thomas, pharmacy.

Jean Roy, a nursing care coordinator, celebrates 15 years at the Deaconess with her husband, Romeo.

Taking a break between dances are: (l-r) Jerry Kelly, ICU nurse; Mike Angeloni, maintenance and engineering; Mary Jane Case, Deaconess Medicine; Mary Hennessey, patient service; Salvatore Triolo, maintenance and engineering; Pat Wilcox, patient service; Sam Marotta, barber shop; Lillian Marotta and Dorothy Casale, patient service.

Marie and Richard Naliwaika, a Deaconess secretary and a building services supervisor, respectively, demonstrate the cha-cha.

Portraits of Drs. Warren and Sedgwick unveiled

Mrs. Shields Warren was joined at the unveiling of her husband's portrait by her grandchildren (l-r) Stuart McLeod, Carl Ross Palmer and Leslie Palmer.

Portraits of Dr. Shields Warren, former department of pathology chairman, and Dr. Cornelius E. Sedgwick, former department of surgery chairman, recently were unveiled and hung in the hospital during ceremonies attended by the physicians' family members, friends and colleagues.

On April 25, Dr. Warren's portrait was placed in the lobby of Meissner Building. Dr. Sedgwick's portrait (above) was unveiled at a brief ceremony following the Spring Clinical Pathology Conference on May 9. His portrait was hung in the Joslin Auditorium.

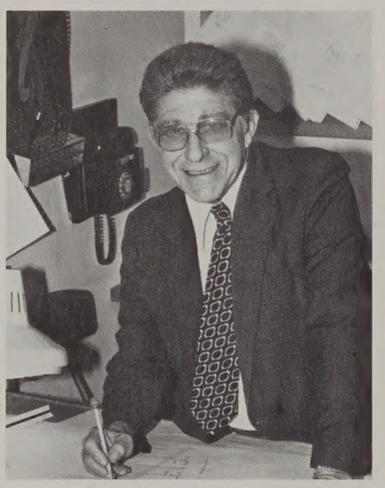
Employees honored at service awards ceremony on March 30

Fifteen-year *recipients (l-r): Carol A. Kaplan, administration; Mary A. Nadeau, surgical services; Dorothy I. Bowen, nursing service;* **twenty-year** *recipient Barbara Hooker, School of Nursing;* **twenty-five-year** *recipients Shirley M. Baldwin, nursing service; Howard R. Brackett, building services.*

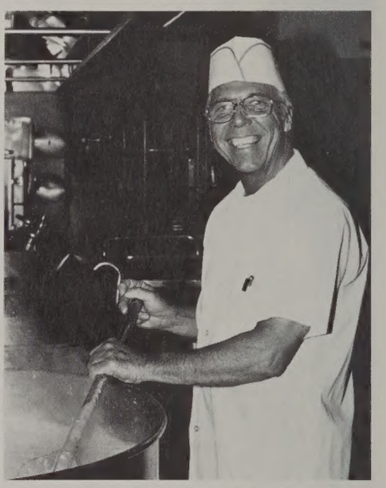
Five-year *recipients (l-r): Madeline J. Cunningham, nursing service; Willie B. Bentley, materials management; Catherine I. Ward, ambulatory surgery; Margaret Frazier, building services; Pearl M. Desautels, outpatient billing; Ann M. Donahue, laboratories; Herminia B. Martins, building services; Ann R. Selverstone, accounting; Margaret Vandenburgh, dietary.*

Ten-year *recipients (l-r): Edward E. Gomez, laundry; Cynthia B. Green, surgical services – operating room; Marie D. Fenelon, dietary; Despinia Fidanos, building services; Mary Jane Case, Deaconess Medicine.*

Forty-year *recipient Lois M. Preston, nursing service.*



Thirty-five-year *employee Charles K. Spaulding, engineering and maintenance.*



Thirty-year *employee Dennis Collins, dietary.*

NEW ENGLAND DEACONESS HOSPITAL
School of Nursing Alumnae Association
Thirteenth Annual Alumnae Reunion Day
November 7, 1981
Audrey K. Kennedy Hall
1 Autumn Street, Boston, Massachusetts 02215

8:30- 9:30 a.m.	Coffee and Registration
10:00-10:45 a.m.	Business Meeting—Auditorium National League for Nursing Convention Report— Susan Koegler
11:00-12:00 a.m.	Program: Jack Flaherty, R.N., nursing care coordinator, NEDH Mental Health Unit, will discuss stress
12:45 p.m.	Luncheon Vallee's Restaurant—Newton Presiding: Lois Schulz, president of NEDH School of Nursing Alumnae Association Greetings from Laurens MacLure, NEDH president

In order to accommodate everyone at the luncheon, we must ask for advance registration. Donations of $10 and the reservation card below must be mailed by October 16, 1981.

Use of public transportation is advisable, but parking will be available at no charge in the Pilgrim Road Garage opposite Audrey K. Kennedy Hall.

PLEASE COMPLETE AND RETURN THE BOTTOM HALF

ALUMNAE REUNION DAY

Name _____
(first) (maiden) (married)

Class _____ I plan to attend: Yes ( ) No ( )

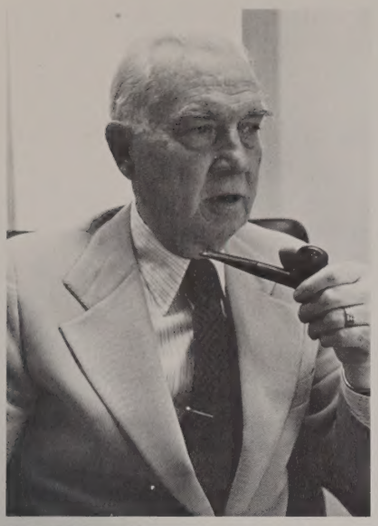
Note: Please enclose a check for $10 made payable to the Alumnae Association of the School of Nursing of the New England Deaconess Hospital, and send to Priscilla Archibald, 63 Hollywood Road, West Roxbury, Massachusetts 02132.

DEADLINE: October 16, 1981

Mrs. Fitzgerald retires from NEDH

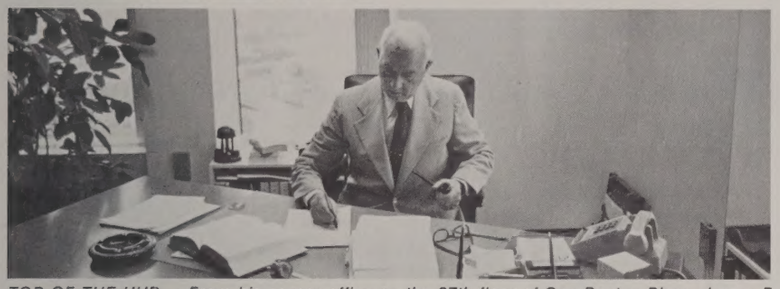
WISHING HER A HAPPY RETIREMENT – Friends and fellow employees of Margaret Fitzgerald, an NEDH histology laboratory technologist for seven years, recently gathered at a retirement party held in her honor in the Harris Hall living room. Frank Bettinelli (above photo), head of the histology laboratory, presents one of several gifts given to Mrs. Fitzgerald at the party. Mrs. Fitzgerald plans to return to college to obtain a degree in political science.

Deaconess People



James F. Farr: A study in quiet commitment

James Francis Farr loves the Deaconess. And he doesn't hesitate for a minute to tell you just that. What he's not as likely to tell you is that he has served the hospital faithfully and well for nearly half of his life. Thirty years as a member of the Deaconess corporation. Twenty-seven of those as a trustee. Chairman of the board from 1978-1981. Throughout all of those years, a quiet, committed and hard-working member of a host of trustee committees organized to assist Deaconess management in giving shape to the hospital's future.



TOP OF THE HUB – From his corner office on the 37th floor of One Boston Place, James F. Farr, Deaconess trustee and former chairman of the board of trustees, practices law as senior partner in the firm of Haussermann, Davision and Shattuck.

When you get to know Jim Farr, you find that two simple but poignant beliefs have pervaded much of his thinking and his way of life. He feels very strongly that every person has a responsibility to be concerned about the needs of others. He'll also advise you to take life as you find it, but not leave it the same way. It seems to be the challenge inherent in these sentiments which has driven this spirited, gentle man to devote so much of his time and energy to the Deaconess – and to a variety of other charities and service organizations as well.

Jim Farr is a strong individualist. Many of his values were formed during the 1920's and 1930's – the early years of his life. Those were not easy times for most people, and they could be especially difficult for a "country boy" growing up on a farm in Ludlow, Massachusetts. For Jim Farr, however, those were times when people learned self reliance the hard way – yet somehow managed to concern themselves more with shared commitments, common goals and mutual needs.

The oldest of five children in a family of modest means, Mr. Farr recalls that his childhood days were filled with lots of work and activity. "We'd get up very early in the morning, and milk a few cows," he remembers. "Then we'd clean up, and walk a mile-and-a-half to a little red brick schoolhouse which had five grades in one room. After school, we'd rush home and get to work on haying and milking or other chores around the farm."

The pattern of his life over those years had a permanent effect on Jim Farr and helped to shape and instill in him the principles by which he lives today. He seems a man determined to make productive use of every minute in a day. He views wasting time and the lack of motivation or "something to do" as being at the root of adjustment and behavioral problems among today's young people. As he grew from a farm boy into a young adult, Mr. Farr neither wasted time nor wanted for enough to keep himself busy. After graduating in 1929 from Ludlow High School, at the top of his class, he announced to his father that he planned to attend college. Later that year, his father drove young Jim to Cambridge, bid him farewell with a handshake and a hundred dollars in cash, and left him off in the middle of Harvard Square. From the farm where he'd grown up, to the sophisticated city where he was to be educated and spend most of his adult years – all in one day! The younger Farr had begun a new and important phase of his life.

He graduated from Harvard College in 1933, earning his bachelor's degree with honors. In 1936, he received his degree from Harvard Law School. But completing his education was not the only task that occupied Jim Farr's time while in Cambridge. He helped to support himself by washing dishes and windows, by waiting tables and tutoring. The spirit of self-reliance – acquired as a boy on the farm – had stood him in good stead.

Shortly after graduating from law school, Mr. Farr joined the well-known and respected Boston law firm of Nutter, McLennan and Fish. A year later, he became associated with Haussermann, Davison and Shattuck, another prestigious firm, in which he is now senior partner.

Widely respected as an expert in probate law, trusts and estate planning, Mr. Farr lectures often and writes extensively in these fields. His books include: "Loring, A Trustee's Handbook – Farr Revision" (1962); "An Estate Planner's Handbook" (1966), (4th edition, with his partner, Jackson W. Wright, Jr., 1979).

Jim Farr has been an active member of the Methodist Church. While attending college, he became president of the Wesley Foundation, a Methodist student organization. Through his involvement with the foundation and other church work, he became acquainted with Bishop John Wesley Lord. It was Bishop Lord who, years later, would prove instrumental in forming Jim Farr's relationship with the Deaconess Hospital which had its own origins in the Methodist Church. In 1951, he was appointed a member of the Deaconess corporation. Three years later, he was elected a trustee. So began his 30-year relationship with the hospital.

The major responsibility of NEDH trustees, as Mr. Farr views it, is to oversee general policy matters and to lend expertise to the hospital's management in such matters as recruitment of top-level staff, fundraising, hospital-wide salary review and yearly budget approval. "In my opinion," he says, "the proper role for the Deaconess trustees is that of a resource for the hospital's management. When problems arise, management might want another point of view, and a frank discussion is very valuable in reaching a solution. But certainly we don't try nor do we need to dictate matters. The Deaconess has been very fortunate for a long time in having qualified management."

While it is reasonable to expect that a board chairman and longtime trustee might take a rather subjective or prejudicial view of his institution, there is a very special sincerity and obvious affection that you can sense when Jim Farr talks about the Deaconess. "I've always felt that our hospital is the best, and it has been both challenging and rewarding to keep it that way," he affirms. "Through my law practice and my work with other community organizations, I know many people who have been Deaconess patients. They all have positive things to say about our service in health care, and to

(continued on page 6)

Department of medicine hosts visiting professor

Dr. Alexander G. Bearn, Stanton Griffis Distinguished Medical Professor and former department of medicine chairman at Cornell University, served as visiting professor in the Deaconess Department of Medicine during the week of April 13.

To coincide with the event, the department of medicine hosted its annual alumni symposium and banquet for former Deaconess medical house staff members on April 14.

At the alumni symposium, Dr. David N. Sundwall, physician advisor for the U.S. Senate Committee on Labor and Human Resources, received the James L. Tullis Lectureship Award. Dr. Sundwall, former director of medical student programs in family medicine at the University of Utah Medical College, discussed his role in developing primary care medicine at the university from 1975-81. Dr. Sundwall was a resident at NEDH from 1969-1972.

In recognition of his role as visiting professor, Dr. Bearn was awarded a plaque by Dr. James L. Tullis, department of medicine chairman, during the alumni banquet. The annual position of visiting professor is funded by special gifts to the department of medicine in order to provide a teaching experience for Deaconess interns and residents. During his three-day visit, Dr. Bearn conducted medical grand rounds on "Wilson's Disease: Some Clinical, Biochemical and Genetic Considerations."

Dr. James L. Tullis (l), chairman of the Deaconess Department of Medicine, presents a plaque to Dr. Alexander G. Bearn, former chairman of the Cornell University Department of Medicine, in recognition of his recent service as visiting professor at NEDH.

Dr. David N. Sundwall (r), physician advisor for the U.S. Senate Committee on Labor and Human Resources, receives the James L. Tullis Lectureship Award during the annual alumni symposium sponsored by the Deaconess Department of Medicine in April.

New England Deaconess Hospital **pulse**

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Nancy Seideman, Editor

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Farr *(continued from page 5)*

me that is a very satisfying reaction."

The Deaconess is not the only institution or organization to benefit from Jim Farr's energy and sense of service. He remains active in the life of the church, and is a member of the Harvard-Epworth Methodist Church. For several years, he served as director of the Massachusetts Council of Churches, and has played a prominent part on a variety of church committees. He is treasurer of the New England Education Society, a philanthropic trust that makes interest free tuition loans to students committed to Christian service. Mr. Farr has held a variety of senior positions within the fraternal Masonry movement, and recently helped that organization to raise $6 million for construction of the Museum of Our National Heritage in Lexington, Massachusetts. He also serves on a number of corporate boards of directors, including those of Savogran Company, Mooney and Company, Durkee-Mower, Inc. and BayBank Middlesex Bank.

Jim Farr has lived in Cambridge for the past 40 years, and has been generous with his active support of and involvement with many community organizations. During his 26-year tenure as president of the Cambridge YMCA, he quietly helped to improve the quality and meaning of life for many disadvantaged youths. Whenever a youngster needed someone to lean on, Mr. Farr was there. Whether it meant playing volleyball with some children from broken homes, or offering encouragement and providing a positive role model when one was needed, he has always been available and equal to the challenge. People in Cambridge will tell you that many boys from the YMCA owe their college educations to the generosity and assistance of Jim Farr.

One such Cambridge youngster is Thomas Culhane, who later graduated from Suffolk University. "Mr. Farr is a very modest guy who has helped many boys at the Cambridge YMCA. He took an interest in my welfare, and in a quiet, non-directive way, set an example for me. He opened my eyes to a better way of life," says Mr. Culhane.

Ten years ago, out of appreciation for Mr. Farr's help and support, Tom Culhane established the James F. Farr Academy, a secondary school for truant youngsters in Cambridge. Presently, 48 boys and girls are enrolled at the academy. Largely through the persistent one-on-one role modeling efforts of Mr. Culhane and his staff of instructors, almost all of the graduates go on to college or trade school. It's a tangible, poignant tribute to the man who made such a difference in the lives of so many young Tom Culhanes over the years.

Jim Farr is very proud of the Deaconess. And you need only ask him to discover just how much. But the hospital is very proud of him, too. It's a good match. A hospital with very high standards for itself. A man who long ago set equally high standards for himself and the way in which he serves others.

The Deaconess community owes Jim Farr a great debt. He has more than fulfilled his self-imposed responsibility to be concerned about the needs of the hospital and its patients. He took the hospital as he found it thirty years ago. But he's not left it the same way. He's always sought to make it better! And continues to do so!

Memorial services held for Dr. Menkes

The entire Deaconess community was saddened by the recent death of Dr. Elias Menkes, co-director of the NEDH Intensive Care Unit since 1980. Memorial services were held for Dr. Menkes' family, friends and colleagues at Temple Israel in Boston on May 5, and at the Deaconess School of Nursing on May 8.

A 1974 graduate of the University of Michigan Medical School, Dr. Menkes, 32, completed his residencies in internal medicine at the Woman's College Hospital and Toronto General Hospital in Canada from 1974-77. His postgraduate training included a fellowship in infectious diseases at Toronto General Hospital from 1977-79, and a research fellowship in pulmonary physiology at the University of Toronto the following year. From 1979-80, Dr. Menkes served as a senior fellow in the respiratory intensive care unit at Massachusetts General Hospital.

Dr. Menkes was a member of the Critical Care Society, American Thoracic Society and Infectious Disease Society.

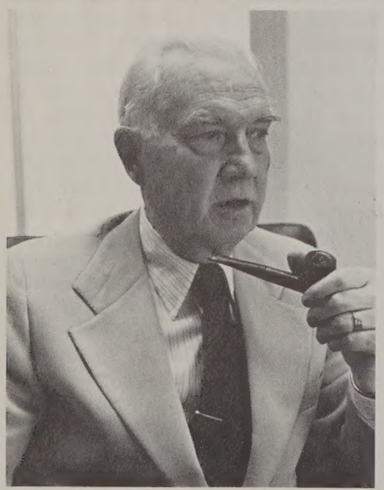
He is survived by his wife, Aliana, his mother, Sophie Menkes, and two children, Sarah Joy and Vanessa Rachael.

A memorial fund for Dr. Menkes has been established at the Deaconess. Contributions to the Elias Menkes, M.D. Fund may be sent to the NEDH Development Office, Lowry Medical Office Building, 110 Francis Street, Boston, MA 02215.

Mrs. Upty Clouse, coordinator of support groups for the NEDH Oncology Cluster Unit (OCU), was one of nine greater Boston citizens to receive the United Way of Massachusetts Bay's 1980 Voluntary Action Center Award. The award was presented to Mrs. Clouse in recognition of her volunteer work by James M. Leahy, chairman of the Voluntary Action Center Advisory Board (above), during a ceremony at Boston City Hall on April 29. Since 1979, Mrs. Clouse has volunteered nearly 1,000 hours of her time to the support and service of OCU patients and their families (see "Deaconess People" profile of Mrs. Clouse, April 1981 PULSE).

Assistant security manager named

James McMahon, manager of security and parking at Massachusetts Eye and Ear Infirmary for the past six years, joined the Deaconess as assistant security manager on April 1. Mr. McMahon will work with Security Manager John T. Connelly in overseeing the hospital's entire security system. A graduate of the University of Massachusetts, and a former member of the U.S. Army Military Police Corps, Mr. McMahon is presently a senior member of the International Association for Hospital Security and the American Society of Industrial Security.



"Deaconess People" James F. Farr: a study in quiet commitment *(see page 5)*

NEDH Breast Consultation Service provides multidisciplinary approach to cancer treatment *(see page 1)*

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